

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/571315** FILING DATE  
 APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				51						
3							53						
4							54						
5	1		1				55						
6	1		1				56						
7							57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62	1					
13		2		1			63						
14		2		1			64	1					
15		2		1			65						
16		2		1			66	1					
17	1		1				67						
18							68						
19							69	1					
20							70						
21							71						
22							72						
23							73						
24	1		1				74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83	1					
34	1		1				84						
35							85						
36	1		1				86						
37							87						
38	1		1				88						
39							89						
40	1		1				90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	15		5			
TOTAL DEP.							TOTAL DEP.	9		16			
TOTAL CLAIMS							TOTAL CLAIMS	24		21			